



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691
www.board.co.la.ca.us/blc



March 1, 2012

Michelle Su
Seven Wholen, Inc.
18958 Daisetta St., #103
Rowland Heights, CA 91748

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL BUSINESS LICENSE ID #138820

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 14, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :SAN GABRIEL VALLEY TRIBUNE

PUBLISH 3 TIMES

1ST PUBLISHING DATE:02/16/2012
2ND PUBLISHING DATE:02/23/2012
3RD PUBLISHING DATE:03/01/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MESSAGE PARLOR-GENERAL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:18958 DAISSETTA ST #103
NAME OF APPLICANT:ROWLAND HEIGHTS, CA 91748
DATE OF HEARING:SEVEN WHOLEN, INC / MICHELLE SU
TIME OF HEARING:SEVEN WHOLEN, INC
03/14/2012
09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO"

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 407-1371**

OWNER OF BUSINESS: **MICHELLE SU**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SEVEN WHOLEN, INC.**

MAILING ADDRESS: **18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	02/02/12	
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/27/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	11/02/11	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	02/01/12	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	09/06/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	02/15/12	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	02/01/12	

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2,254 + \$40 (Publishing)

ID # 138820

BUSINESS INFORMATION

Type of Business: <u>5910 - MASSAGE PARLOR</u>	Address of Business: <u>18958 DAISETTA ST #103 ROWLAND HEIGHTS 91748</u>	
DBA (Business Name): <u>SEVEN WHOLEN</u>	Business Telephone: <u>626-407-1437 1371</u>	
Sellers Permit # (State Board of Equalization):	Mailing Address: <u>SAME AS ABOVE</u>	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>3/27/2008</u>	Incorporated in the State of: <u>CALIFORNIA</u>	
Exact Corporate Name: <u>SEVEN WHOLEN, INC</u>		
Names of Officers	Addresses	Titles
<u>MICHELLE SU</u>	<u>2705 PLAND DR.</u> <u>ROWLAND HEIGHTS CA 91748</u>	<u>CEO</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>MICHELLE SU</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 9/2/2011 Applicant's Signature: Michelle

Application taken by: [Signature] Date: 9/2/11

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 407-1371**

OWNER OF BUSINESS: **MICHELLE SU**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SEVEN WHOLEN, INC.**

MAILING ADDRESS: **18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 1/27/12

BASIC LICENSE NO. **5910**

DATE **09/06/11**

IDENTIFICATION NUMBER **138820**

Oct-13-2011 03:23pm

From-LACOFD FIRE MARSHAL

3238904055

T-628 P.006/018 F-866

Sep-23-2011 01:03pm

From-LACOFD FIRE MARSHAL

3238904055

NY-2421 I. 1
T-358 P.002/002 F-747

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

621

FS-145

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 607-1371

OWNER OF BUSINESS: MICHELLE SU

CAL. DL. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SEVEN WHOLEN, INC.

MAILING ADDRESS: 18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Mount existing Fire Extinguisher 2'-4' above
floor level. In plain site.

SIGNATURE: [Signature]

DATE: 9/23/2011

BASIC LICENSE NO. 5910

DATE RECEIVED

138820

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

9/7/11
54

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 407-1371

OWNER OF BUSINESS: MICHELLE SU

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SEVEN WHOLEN, INC.

MAILING ADDRESS: 18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved for foot massage
only due to lack of tub/shower.
Sec 103.205 Massage Ord. #171994 Subsection c Per Reg.

SIGNATURE:

Robert B. Smith

DATE:

10-4-11

BASIC LICENSE NO. 5910

DATE 09/06/11

IDENTIFICATION NUMBER 138820

STANLEY
X
876
10-120-014
Cuba
Dante

B

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

~~911-01195~~
~~911-01190~~
911-01195

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 407-1371

OWNER OF BUSINESS: MICHELLE SU

CAL. DR. LIC.# : 1

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SEVEN WHOLEN, INC.

MAILING ADDRESS: 18958 DAISSETTA ST #103, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:

Ben Garcia

DATE:

24 Jan 12

BASIC LICENSE NO. 5910

DATE 09/06/11

IDENTIFICATION NUMBER 138820

PP

KR

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012
(213) 974-6438

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012
TELEPHONE: (213) 974-2011
FAX: (213) 633-5467

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

DATE: Aug 10 2011

ID#: _____

RBUS#: 201100282

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 18958 Daisetta St. #103

CITY: Riverland Heights, CA 91748 APN#: 8761-011-007+016

NAME OF OWNER: SU, MICHELLE PHONE#: _____

D.B.A./NAME OF BUSINESS: Seven Wholen CELL PHONE#: 626-407-1371

MAILING ADDRESS: Same as above

e-mail ADDRESS: _____

To be completed by Regional Planning

THIS BUSINESS LICENSE REFERRAL IS: approved
(indicate approved or denied)

REMARKS: Approved per RPP 200601003 must comply with all requirements listed on the attached sheet.

PLANNER SIGNATURE: [Signature] PRINT NAME: Kristina Rowe

DATE: 8/25/11

X: Reg. Planning Form Revised 07/08/11

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, ROOM
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012



Los Angeles County
Department of Regional Planning

Planning for the Challenges Ahead



Richard J.
Bruckner
Director of Planning

Massage Parlor/Technician Business License Referral Certification Verification

Pursuant to California Business and Professions Code § 4600 et seq

Business Address: 18958 DAISSETTA ST. #103. ROWLAND HEIGHTS
Business Name: SEVEN WHOLEN CA 91748.
Owner/Operator: MICHELL SU.
Type of Business License: Massage Parlor

This approval is not a permit, grant or license to operate. The business may not operate unless and until an approved business license is issued by the Los Angeles County Department of the Treasurer and Tax Collector Business License Section.

Under penalty of perjury I, the owner/operator of the subject business, certify that:

1. All massage therapists/practitioners employed at the subject business shall obtain and maintain valid certification from the California Massage Therapy Council (CAMTC) pursuant to California Business and Professions Code § 4600 et seq.
2. Certification for all therapists/practitioners currently hired at the business are attached.
3. Certification for all new hires shall be submitted to the Department of Regional Planning within 30 days of hire.
4. Certification for all therapists must be readily available at the business site and provided upon request by the Department of Regional Planning.
5. The failure to provide proof of certification for all therapists/practitioners may result in the revocation of the business license referral approval. A Conditional Use Permit, Zone Change and/or other types of applications and/or requirements may be necessary to conduct massage.

Signature: Michen
(ORIGINAL SIGNATURE IN BLUE INK)

Date: 8-10-11